

County: Walworth  
 WILLOWFIELD NURSING & REHABILITATION CENTER  
 905 EAST GENEVA STREET

Facility ID: 9470

Page 1

DELAVAN 53115 Phone: (262) 728-6319  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 61  
 Total Licensed Bed Capacity (12/31/01): 61  
 Number of Residents on 12/31/01: 50

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 54

Corporation  
 Skilled  
 No  
 Yes  
 Yes  
 54

\*\*\*\*\*

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	48.0	
Supp. Home Care-Personal Care	No					1 - 4 Years	42.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.0	More Than 4 Years	10.0	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	14.0			
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	28.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	16.0	65 & Over	94.0			
Transportation	No	Cerebrovascular	14.0			RNs	16.6	
Referral Service	No	Diabetes	8.0	Sex	%	LPNs	9.1	
Other Services	Yes	Respiratory	10.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	48.0	Male	36.0	Aides, & Orderlies		
Mentally Ill	No			Female	64.0			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			

\*\*\*\*\*

#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Per Di em (\$)	Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	No.	%					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	315	31	93.9	104	1	100.0	130	9	100.0	163	0	0.0	0	0	0.0	0	48	96.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	2	6.1	75	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		33	100.0		1	100.0		9	100.0		0	0.0		0	0.0		50	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
		-----				
Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	3.2	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	14.0	56.0	30.0	50
Other Nursing Homes	1.1	Dressing	14.0	60.0	26.0	50
Acute Care Hospitals	81.1	Transferring	22.0	58.0	20.0	50
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	22.0	44.0	34.0	50
Rehabilitation Hospitals	10.5	Eating	66.0	20.0	14.0	50
Other Locations	4.2	*****				
Total Number of Admissions	190	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	8.0	Receiving Respiratory Care	14.0	
Private Home/No Home Health	27.9	Occ/Freq. Incontinent of Bladder	48.0	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	28.4	Occ/Freq. Incontinent of Bowel	30.0	Receiving Suctioning	0.0	
Other Nursing Homes	3.2			Receiving Ostomy Care	0.0	
Acute Care Hospitals	14.7	Mobility		Receiving Tube Feeding	4.0	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	4.0	Receiving Mechanically Altered Diets	30.0	
Rehabilitation Hospitals	2.1					
Other Locations	8.9	Skin Care		Other Resident Characteristics		
Deaths	14.7	With Pressure Sores	4.0	Have Advance Directives	84.0	
Total Number of Discharges		With Rashes	6.0	Medications		
(Including Deaths)	190			Receiving Psychoactive Drugs	28.0	

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities  
\*\*\*\*\*

	This Facility %	Ownership: Peer Group Ratio	Bed Size: 50-99 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities % Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.5	82.5 1.07	86.4 1.02	85.8 1.03	84.6 1.05
Current Residents from In-County	64.0	74.3 0.86	69.6 0.92	69.4 0.92	77.0 0.83
Admissions from In-County, Still Residing	7.4	19.8 0.37	19.9 0.37	23.1 0.32	20.8 0.35
Admissions/Average Daily Census	351.9	148.2 2.37	133.4 2.64	105.6 3.33	128.9 2.73
Discharges/Average Daily Census	351.9	146.6 2.40	132.0 2.67	105.9 3.32	130.0 2.71
Discharges To Private Residence/Average Daily Census	198.1	58.2 3.40	49.7 3.98	38.5 5.14	52.8 3.76
Residents Receiving Skilled Care	96.0	92.6 1.04	90.0 1.07	89.9 1.07	85.3 1.13
Residents Aged 65 and Older	94.0	95.1 0.99	94.7 0.99	93.3 1.01	87.5 1.07
Title 19 (Medicaid) Funded Residents	66.0	66.0 1.00	68.8 0.96	69.9 0.94	68.7 0.96
Private Pay Funded Residents	18.0	22.2 0.81	23.6 0.76	22.2 0.81	22.0 0.82
Developmentally Disabled Residents	0.0	0.8 0.00	1.0 0.00	0.8 0.00	7.6 0.00
Mentally Ill Residents	0.0	31.4 0.00	36.3 0.00	38.5 0.00	33.8 0.00
General Medical Service Residents	48.0	23.8 2.02	21.1 2.27	21.2 2.26	19.4 2.47
Impaired ADL (Mean)	48.8	46.9 1.04	47.1 1.04	46.4 1.05	49.3 0.99
Psychological Problems	28.0	47.2 0.59	49.5 0.57	52.6 0.53	51.9 0.54
Nursing Care Required (Mean)	7.3	6.7 1.09	6.7 1.08	7.4 0.97	7.3 0.99